



Please type or print in ink.

2012 FEB 29 PM 12:33

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jones Dave

1. Office, Agency, or Court

Agency Name

California Department of Insurance

Division, Board, Department, District, if applicable

Your Position

Insurance Commissioner

► If filing for multiple positions, list below or on an attachment.

Agency: California Earthquake Authority

Position: Governing Board Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/29/12
(month, day, year)

Signature

DEPT OF INSURANCE
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SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Dave Jones

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

State of California

ADDRESS (Business Address Acceptable)

300 Capitol Mall, Suite 1700, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Insurance Commissioner

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dave Jones

► NAME OF SOURCE

Consumer Attorneys of CA

ADDRESS (Business Address Acceptable)

770 L Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorneys - Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

05 / 02 / 11	\$ 150.00	Dinner
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/ /	\$	
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/ /	\$	
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► NAME OF SOURCE

Consumer Attorneys of California

ADDRESS (Business Address Acceptable)

770 L Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorneys - Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

11 / 12 / 11	\$ 175.00	Dinner
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/ /	\$	
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/ /	\$	
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► NAME OF SOURCE

Madera County Democrats

ADDRESS (Business Address Acceptable)

28481 Copper Creek Drive, Coarsegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

05 / 22 / 11	\$ 80.00	Gift basket
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/ /	\$	
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/ /	\$	
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► NAME OF SOURCE

Cal/ Expo

ADDRESS (Business Address Acceptable)

PO Box 15649, Sacramento, CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CA State Fair - organizing body

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

07 / 31 / 11	\$ 110.00	Parking, 4 -tickets, meal
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/ /	\$	
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/ /	\$	
------	----	--

► NAME OF SOURCE

Teichert Foundation

ADDRESS (Business Address Acceptable)

3500 American River Dr., Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

01 / 28 / 11	\$ 150.00	Hisp Chamber dinner
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/ /	\$	
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/ /	\$	
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► NAME OF SOURCE

California Ambulatory Surgery Association

ADDRESS (Business Address Acceptable)

PO Box 3811, Merced, CA 95344

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

03 / 23 / 11	\$ 85.00	Dinner
--------------	----------	--------

/ /	\$	
------	----	--

/ /	\$	
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Comments:

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dave Jones

► NAME OF SOURCE

California State Pipe Trades Council

ADDRESS (Business Address Acceptable)

1123 L Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 11	\$ 94.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Comcast Corp & Affiliated Entities - NBCUniversal

ADDRESS (Business Address Acceptable)

media, LLC
2350 Kerner Blvd, Ste. 250, San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Limited Liability Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 11	\$ 230.00	Tickets/CA Hall Fame
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

I

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: